

**ALBEMARLE ACRES SUMMER PROGRAM  
IDENTIFICATION/EMERGENCY INFORMATION**

Child's Name\_\_\_\_\_ School\_\_\_\_\_ D.O. B\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Parent/Guardian\_\_\_\_\_ Phone\_\_\_\_\_

Employment\_\_\_\_\_ Hours\_\_\_\_\_ Phone\_\_\_\_\_

Parent/Guardian\_\_\_\_\_ Phone\_\_\_\_\_

Employment\_\_\_\_\_ Hours\_\_\_\_\_ Phone\_\_\_\_\_

Physician\_\_\_\_\_ Phone\_\_\_\_\_

Medical Insurance\_\_\_\_\_ Policy #\_\_\_\_\_

**If parents can't be reached, call**

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

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**IDENTIFYING INFORMATION**

Eye Color\_\_\_\_\_ Hair Color\_\_\_\_\_ Gender\_\_\_\_\_

Height\_\_\_\_\_ Weight\_\_\_\_\_ Identifying Marks\_\_\_\_\_

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**HEALTH INFORMATION**

Any serious illness or hospitalization\_\_\_\_\_

Medications currently taking\_\_\_\_\_

Please list any limitations, health concerns, etc\_\_\_\_\_

Allergies(asthma, medication, etc)\_\_\_\_\_

Reactions to above\_\_\_\_\_

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**PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD**

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Please fill out the other side too.

## HELP US GET TO KNOW YOUR CHILD BETTER

1. What are some of your child's likes and interests \_\_\_\_\_

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Please attach a  
photo of your  
child here

2. Briefly describe your child's personality (quiet, outgoing, etc) \_\_\_\_\_

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3. What are some things your child is looking forward to at camp? \_\_\_\_\_

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4. Is there anything else that you want to share with us? \_\_\_\_\_

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Please fill out the other side too.